

MARYLAND UNIFORM COMPLAINT/CITATION/SUMMONS				1114B56			
DRIVER'S LICENSE NUMBER				CLASS	STATE		
DEFENDANT'S (FIRST) NAME		MIDDLE	LAST		SUFFIX		
CURRENT ADDRESS IN FULL							
CITY		COUNTY		STATE	ZIP CODE		
HEIGHT	WEIGHT	RACE	GENDER	BIRTH DATE	TELEPHONE NO.		
VEHICLE REGISTRATION	STATE	VEHICLE YEAR	MAKE	MODEL	TYPE	COLOR	
VIOLATION DATE		TIME	<input type="checkbox"/> PI <input type="checkbox"/> PD <input type="checkbox"/> SAFETY BELTS <input type="checkbox"/> HAZMAT <input type="checkbox"/> COMM. VEH.				
MONTH/DAY/YEAR		<input type="checkbox"/> CDL (LICENSE) <input type="checkbox"/> FATAL ACC. <input type="checkbox"/> A/R SUSP. REV.					
LOCATION OF OFFENSE/GPS							
COUNTY/ CODE		AREA	ARREST TYPE		CVID		
MD							
DID UNLAWFULLY VIOLATE MOTOR VEHICLE LAW(S):							
CITATION NO.		ART/SEC/CHARGE			PAYABLE FINE AMOUNT		
1. 1114B56 TA-21-902(a)(1) <input type="checkbox"/> PAYABLE FINE <input type="checkbox"/> MUST APPEAR							
DRIVING VEH. WHILE UNDER INFLUENCE							
<input type="checkbox"/> CONTRIBUTED TO ACCIDENT RELATED CITATION							
2. 1124B56 TA-21-801.1 <input type="checkbox"/> PAYABLE FINE \$ 290							
EXCEEDING MAXIMUM SPEED							
MPH IN A POSTED MPH ZONE							
<input type="checkbox"/> CONTRIBUTED TO ACCIDENT RELATED CITATION							
3. 1134B56 TA-16-112(c) <input type="checkbox"/> PAYABLE FINE \$ 40							
FAILURE OF INDIVIDUAL DRIVING ON							
HIGHWAY TO DISPLAY LICENSE TO							
UNIFORMED POLICE ON DEMAND							
<input type="checkbox"/> CONTRIBUTED TO ACCIDENT RELATED CITATION							
4. 1144B56 TA-27-105 <input type="checkbox"/> PAYABLE FINE \$ 86							
EXCEEDING REGISTERED WEIGHT LIMIT							
LBS. OVERWEIGHT PERMITTED WEIGHT							
<input type="checkbox"/> CONTRIBUTED TO ACCIDENT RELATED CITATION							
I SOLEMNLY AFFIRM UNDER PENALTY OF PERJURY THAT THE CONTENT OF THE FOREGOING DOCUMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF AND I PERSONALLY SERVED THIS SUMMONS ON THE DEFENDANT NAMED ABOVE. <input type="checkbox"/> A VISUAL COMPARISON WAS MADE BETWEEN DEFENDANT AND THEIR I.D./LICENSE.							
OFFICER SIGNATURE							
DISTRICT	NO.	AGENCY	SUB-AGENCY		ID NO.		
RADAR/LASER/VASCAR OPERATOR							
NAME							
AGENCY		SUB-AGENCY		ID NO.			
I ACKNOWLEDGE RECEIPT OF A COPY OF THIS SUMMONS AND PROMISE TO APPEAR AS REQUIRED BY THE SUMMONS. I UNDERSTAND THAT ACCEPTANCE OF THIS SUMMONS IS NOT AN ADMISSION OF GUILT BUT MY FAILURE TO APPEAR MAY RESULT IN THE ISSUANCE OF A WARRANT FOR MY ARREST. ISSUED ELECTRONICALLY - SIGNATURE NOT REQUIRED							
X DEFENDANT'S SIGNATURE:							

DISTRICT COURT OF MARYLAND  
SUMMONS TO APPEAR / NOTICE TO DEFENDANT

**IMPORTANT INFORMATION:** This citation is a summons to appear. You will be notified by the Circuit or District Court through a trial notice setting the date, time, and place to appear. It is **your obligation** to know your trial/hearing date and appear on that date. It may take several weeks before a trial/hearing date is set. If your name or address on this citation is not correct, you must notify the Court in writing of any changes. The Post Office does **NOT** forward Court mail. **Every moving violation fine amount in which points may be assessed includes a \$7.50 surcharge as required by TR 27-101.2.**

**IF ANY OF YOUR VIOLATIONS ARE MARKED "MUST APPEAR":** You will automatically be mailed a notice of your trial date by the Court. **Failure to appear will result in a warrant for your arrest.**

- This paper charges you with committing a crime.
- If you have been arrested, you have the right to have a judicial officer decide whether you should be released from jail until your trial.
- You have the right to have a lawyer.
- A lawyer can be helpful to you by:
  - explaining the charges in this paper;
  - telling you the possible penalties;
  - helping you at trial;
  - helping you protect your constitutional rights; and
  - helping you to get a fair penalty if convicted.
- Even if you plan to plead guilty, a lawyer can be helpful.
- If you want a lawyer but do not have the money to hire one, the Public Defender may provide a lawyer for you. The court clerk will tell you how to contact the Public Defender.
- DO NOT WAIT UNTIL THE DATE OF YOUR TRIAL TO GET A LAWYER. If you do not have a lawyer before the trial date, you may have to go to trial without one.

**IF ANY OF YOUR VIOLATIONS ARE MARKED "PAYABLE FINE":** You have three (3) options to satisfy each violation. **NOTE:** Failing to pay the fine or appear for a scheduled trial/hearing could cause your license and privilege to drive to be suspended by the Motor Vehicle Administration.

**OPTION #1 - PAYMENT:** Pay the full amount of the fine for each violation within 15 days at any District Court of Maryland, by mail, or by credit card (fees apply) using the IVR system or the Court Website. If payment is not received within 15 days, the citation could be scheduled for trial. You may pay the fine up to the court date to avoid trial. If paying by mail, make check or money order payable to District Court of MD and include citation number(s) on front of check or money order. On the option form below, check "Pay Fine Amount" for each violation being paid and mail the form with your payment to the address shown for the Traffic Processing Center. An additional \$10 service fee will be imposed for each dishonored check.

**OPTION #2 - REQUEST FOR WAIVER HEARING (Guilty with an Explanation):** On the option form below, check "Request Waiver Hearing" for each violation where hearing is requested, provide any change of address, sign and date at bottom and mail the form within 15 days to the address shown for the Traffic Processing Center. DO NOT SEND PAYMENT at this time.

**OPTION #3 - TRIAL: DO NOT SEND PAYMENT or OPTION FORM at this time.** The Court will automatically mail a notice of trial date if you do not pay the full amount of fine or request a waiver hearing within 15 days of the date citation was issued.

Return to: Traffic Processing Center P.O. Box 6676 Annapolis, MD 21401-0676		DISTRICT COURT OF MARYLAND MD COMPLAINT AND CITATION OPTION FORM DISTRICT/NO. LAST (Auto Populated)	
CITATION NO.		NAME (Auto Populated)	
		ADDRESS <input type="checkbox"/> Check if change from address on citation.	
		CITY, STATE, ZIP	
		TELEPHONE NO.	
(Auto Populated)		YOU MUST APPEAR	
(Auto Populated)		<input type="checkbox"/> PAY FINE AMOUNT \$ 290 OR <input type="checkbox"/> REQUEST WAIVER HEARING	
(Auto Populated)		<input type="checkbox"/> PAY FINE AMOUNT \$ 40 OR <input type="checkbox"/> REQUEST WAIVER HEARING	
(Auto Populated)		<input type="checkbox"/> PAY FINE AMOUNT \$ 86 OR <input type="checkbox"/> REQUEST WAIVER HEARING	

Sign below **ONLY** if you have requested a Waiver Hearing for any citations listed above.

I hereby admit that I have committed the violation(s) charged in this citation and I have requested a waiver hearing at which I may explain the circumstances to a judge. I know that this is not a trial, that the officer and witnesses will not be present, and that my appearance in court is for sentencing only.

DATE DEFENDANT'S SIGNATURE

TO THE DISTRICT COURT:  
PLEASE SUMMONS THE FOLLOWING WITNESSES:

\_\_\_\_\_

NAME (FIRST, MIDDLE, LAST)			
ADDRESS		ROOM # _____ APT # _____	
CITY		STATE	ZIP CODE
DAY PHONE _____		NIGHT PHONE _____	
IF LAW ENFORCEMENT	AGENCY	SUB-AGENCY	ID NO.

NAME (FIRST, MIDDLE, LAST)			
ADDRESS		ROOM # _____ APT # _____	
CITY		STATE	ZIP CODE
DAY PHONE _____		NIGHT PHONE _____	
IF LAW ENFORCEMENT	AGENCY	SUB-AGENCY	ID NO.

NAME (FIRST, MIDDLE, LAST)			
ADDRESS		ROOM # _____	
		APT # _____	
CITY		STATE	ZIP CODE
DAY PHONE _____		NIGHT PHONE _____	
IF LAW ENFORCEMENT	AGENCY	SUB-AGENCY	ID NO.

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ADDRESS		ROOM # _____ APT # _____	
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IF LAW ENFORCEMENT	AGENCY	SUB-AGENCY	ID NO.

NAME (FIRST, MIDDLE, LAST)			
ADDRESS		ROOM # _____ APT # _____	
CITY		STATE	ZIP CODE
DAY PHONE _____		NIGHT PHONE _____	
IF LAW ENFORCEMENT	AGENCY	SUB-AGENCY	ID NO.

[illegible]